

1 thro 5

I, Joshua Hampton (Claimant) swear under the penalty of perjury, that the foregoing information is true and correct, to the best of my knowledge and belief.

FILED
HARRISBURG, PA

MAY 02 2019

UNREASONABLE RISK OF EXPOSURE

DEPUTY CLERK

Claimant concedes that it is the responsibility of the United States government, to provide a safe and healthy environment - free of unreasonable risk.

Claimant aver that the U.S. government through its employees - failed in their responsibility to claimant for the following reasons:

1. During the first week of January 2014, claimant was hired to work in the institution's "C.M.S" department;
2. On or about January 4, 2014, claimant was informed by his employer - that he was assigned to work as a "Polyurethane Sprayer" - and that if he had any questions, to refer to inmate Archer who was the #1;
3. On or about February 2014, ~~claimant~~

While preparing for an "in-house inspection" CLAIMANT was approached by GM-1 (Jones) who advised CLAIMANT, that if asked, to say that the wood shop does NOT have a spray booth or spray guns - that the wood shop does NOT spray at all.

4. On or about March 2017, another "in-house inspection" was conducted - at which time C.M.S. AW (Newheart) advised me that if I was asked whether or not we used Polyurethane - that I was to reply, that we brushed it on, NOT spray. He added that his instructions to me were a direct order;

5. On or about Aug. - Oct. 2017, a "pre required inspection" (PREA) was conducted. Asst. AW (Hoffman) personally advised me to NEVER say anything about the two spray rooms and that we only used brushes to apply Polyurethane. He further added that his instructions to me were a direct order;

6. Approximately two weeks later, I was then approached by AW of Safety (Hick) who requested that I build personal "Penn State Cornholers" - and be sure that I spray Oil Based Polyurethane on them. I was also ordered

2085

of his desk. Hoffman had to be sprayed with
Oil Based Polyurethane on those as well; Also
CM.S. officers Miller and Allen requested that
I spray all the Lt. Office desks, cabinets,
and other personal items such as deer antlers
and mounts with Polyurethane;

7. On or about March of 2018, I began to
experience very severe ~~head~~ headaches;

8. On or about June 2018, I began waking
up out of my sleep with a sore throat, gasp-
ing for air (shortness of breathe) and memory
lost. I complained to CM-1 (Jones) that I
needed to go to medical to no avail. Instead
informed me that he was not going to contact
medical - and that if I went to medical on
my own, that I would no longer need med-
ical, but instead, a hospital; (see ex.)

9. On or about July of 2018, I saw health
provider (Edinger) about three items he
wanted me to make for his office. It was
at this time that I informed him about
the direct orders of speaking to anyone
about any spraying of Polyurethane. (see ex.)
I further explained to him that Mr. Hoffman

3055

(C.M.S.), Mr. Newheart (C.M.S.), Mr. Jones (C.M.S.), Mr. Allen (C.M.S.), Mr. Miller (Safety), Mr. Hick (Safety), Mr. Drick (Safety), As well as the Warden. All knew of my spraying of Polyurethane the entire time. That I had sprayed personal items for both the Warden and Captain;

10. I sprayed Polyurethane 4 days out of a week. I would spend 30 to 45 minutes each time I sprayed. I would spray twice in the morning, and twice in the afternoon for 15 months. This is what I was hired to do - to spray Polyurethane in the personal items I built for staff. At times when I became sick I was not allowed to leave work.

Unreasonable Risk Of Exposure

1. The U.S. government through its employees, breached its mandated duty and became negligent, by failing to properly train claimant in the use of respiratory equipment;

Claimant contends that as a cautionary measure - claimant was to be properly trained in the use of respiratory equipment, when given it direct order to spray Polyurethane

4 of 5

(10) This is the equipment on the personal items he built for staff, in the wood shop in U.S.P. Lewisburg. CLAIMANT AVER THAT HE WAS NEVER GIVEN SUCH TRAINING. SEE EX.

2) The U.S. government through its employees breached its mandated duty and became negligent, when it failed to enforce the mandatory requirement that CLAIMANT wear adequate protective gear i.e., respiratory equipment.

CLAIMANT contends that as a CAUTIONARY measure, the government was duty bound, to have CLAIMANT wear respiratory equipment - when forcing him to spray Polychlorinated or personal items he built for staff members.

CLAIMANT AVER THAT instead of placing his health and safety first and foremost - that the government instead offered threats of retaliation to ENSURE their own gain and well being.

Joshua Hampton
#31575-160
2680 Hwy 301 South
Leesop. G.A. 31599

Joshua T Hampton
#31575-160

11-28-18

525

CLAIM FOR DAMAGE,
APPROVED
INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and

FORM

supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. OMB NO. 1105-0008

1. Submit To Appropriate Federal Agency:

Northeast Regional Office
U.S. Custom House, 7th Floor 2nd and Chestnut³⁴
Philadelphia, Pennsylvania 19106

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and ZIP Code)

2680 Hwy 301 south, Leup. G.A.
31599

3. TYPE OF EMPLOYMENT



MILITARY



CIVILIAN

4. DATE OF BIRTH

10-4-79

5. MARITAL STATUS

N/A

6. DATE AND DAY OF ACCIDENT

Jan 2017 / July 2018

7. TIME (A.M. OR P.M.)

VARY

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

N/A

FILED
HARRISBURG, PA

MAY 02 2019

DEPUTY CLERK

9.

PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and ZIP Code)

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on the reverse side.)

N/A

10.

PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

See Attached Affidavit 1st 5 pages

11.

WITNESSES

NAME

ADDRESS (Number, street, city, State, and ZIP Code)

See Attached Affidavit
Pg 3 and 4

USP Lewisburg P.A. P.O. Box 1000
Lewisburg, P.A. 17837

12. (See instructions on reverse)

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

N/A

12b. PERSONAL INJURY

2,000,000⁰⁰

12c. WRONGFUL DEATH

N/A

12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

2,000,000⁰⁰ mill

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)

Joshua Hampton #31575-160

CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM

13b. Phone Number of signatory

N/A

14. DATE OF CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS

The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance?

☐

Yes, if yes, give the name and address of insurance company (Number, street, city, State, and ZIP Code) and policy number.

☒ No

N/A

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

N/A

17. If deductible, state amount

N/A

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A

19. Do you carry public liability and property damage insurance?

☐

Yes, if yes, give name and address of insurance carrier (Number, street, city, State, and ZIP Code)

☒ No

N/A